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The Navy Bureau of Medicine and Surgery distributes Navy and Marine Corps Medical News (MEDNEWS) to Sailors and Marines, their families, civilian employees and retired Navy and Marine Corps families.

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Headline: Rota supports space shuttle mission
By Lt.j.g. Bill Davis, Naval Station Rota

"Houston, we have liftoff…of the Space Shuttle Atlantis." It's these words that once again recently propelled the U.S. space program into yet another chapter.

The launch of Mission STS-101 with six U.S. astronauts and one Russian cosmonaut was completed 10 days later after the crew provided the International Space Station with new supplies, including needed batteries and a new antenna system.

But what if something goes wrong during the launch? Who can forget the explosion of the Challenger less than two minutes

after liftoff in January 1986. With each shuttle launch, what if something goes wrong, like an engine failure just after takeoff? What does the National Aeronautics and Space Administration (NASA) do when there is a problem?

There are hosts of people standing by ready to assist, including the medical staff from U.S. Naval Hospital, Rota, Spain. It's the medical team's job to standby for each flight and be prepared to provide medical assistance to the astronauts in case of an aborted flight at Moron Air Base, about 80 miles from Rota, which is one of four trans-Atlantic abort landing (TAL) sites in the world.

Lt. Cmdr. Lynn Flowers, director of the Space Shuttle Support Team from Rota, says it's a great opportunity for the hospital to work with NASA and really be a part of history with the space shuttle missions. It's medical support that could potentially be critical to the astronaut's lives in the case of an aborted mission.

"NASA establishes certain criteria for us," Flowers said. "All the corpsmen have to be emergency medical technician certified, and the astronauts require one emergency medical technician each, along with one trauma trained physician for four astronauts." Two nurses also accompany the medical team, although not required by NASA, but it's a service the hospital provides as well.

The procedures are similar to what the nearly 20-person medical team goes through when they perform a mass casualty drill or trauma assessment. But they say it's a bit more exciting.

"It makes me feel very good to be involved in this type of event," said Hospital Corpsman Phonthip Manivanh, an emergency medical technician whose primary job would be to assess an astronaut's condition once cleared through decontamination.

Medical Drill

During a scheduled launch in late April, the U.S. Naval Hospital Rota medical team prepared a mock trauma scene to simulate a real disaster in case of a landing at Moron and there were injuries. The training looks good on paper, but according to Flowers, it's not until you actually conduct it that you can work out any bugs in the system, or be able to see any areas that need improvement.

About four hours before the launch on April 24, which was the first attempted launch that was scrubbed, the medical team 'treated' the injured in a simulated drill just as though it were the real thing. Hospital Corpsman 2nd Class Yvette Yeager, whose normal job at the hospital is in the surgery clinic, said, "The training builds our confidence level, as well as our skills and knowledge to do things faster and better." She is one of the seven EMTs on the team.

Hospital Corpsman 3rd Class Thaddeus Estacio joined the Navy five years ago and sees his role in this real-world mission as a "big thing and nice experience." Estacio's patient in the drill had a lump in his neck, weakness in his arms, and no sensation from the waist down. "Possible spinal injury…Med Code One," he notes.

Medical staff observed the mock trauma drill to evaluate weak and strong spots and to be ready for the unexpected.

"Overall, the crew did a great job," said Lt. Rebecca Carlin, U.S. Naval Hospital Rota flight surgeon and observer for the training.

"I feel very comfortable that if the shuttle did come and land here, the training that we do regularly would enable this team to do an outstanding job," said Flowers.

While no space shuttle flight has ever had to use one of the TAL sites, having these locations available for a contingency is crucial to the launch, says Lt. Cmdr. Alan Poindexter, an astronaut with NASA. He says the sites like Moron are similar to an insurance policy. It's there in case you need it.

Poindexter said that if there is a problem in the first few minutes of the flight, the shuttle could go back to Kennedy Space Center at Cape Canaveral, Florida, where it was launched. But as the launch progresses, from about four minutes to eight minutes, he says aborting the mission could mean landing at one of the TAL sites. By the eight-minute mark, the shuttle has accelerated to about 17,000 miles per hour. The thrust of the shuttle engines is more powerful than 35 jumbo jets at takeoff, and timing is of great concern.

In the case of engine failure during the four-minute span, sites such as Moron would come into play with the Rota medical team standing by to provide any treatment to the astronauts. The runway at Moron is fully lit just like the runway at Kennedy Space Center. Poindexter says the process from mission abort to landing at Moron would take about 30 minutes.

Once on the ground at Moron, a crew from the base, consisting of Americans and Spanish, would ensure the shuttle is free of anything toxic. After the shuttle is cleared, the astronauts would clear decontamination and then be examined by the medical staff.

Working as a team is the primary goal of Lt. Col. J. C. Crownover, 496th Air Base Squadron Commander at Moron. While Americans and Spanish from the base are working the shuttle recovery, it's the support from U.S. Naval Hospital Rota that's vital, he said. "It couldn't be a contingency site without the medical support from Rota."

The training by the medical team gave the U.S. Naval Hospital Rota staff the experience and confidence they need in order to do their job in a professional manner. It's a role that should be increasing, according to Poindexter. "Once we have the space station with a continuous presence (as early as this Fall), there may be up to six or eight flights a year." The next shuttle launch is scheduled for later this summer.

The U.S. Naval Hospital Rota staff says they will be ready…ready for the unexpected, just in case the shuttle has to abort the mission and land at Moron. It's a job they train for, and as Estacio says, it's a job they need to do fast and do well. "Lives are at stake."

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Headline: Alcohol abuse costs DoD dearly

By Staff Sgt. Kathleen T. Rhem, USA, American Forces Press

Service

WASHINGTON -- Twenty-one percent of service members admit to drinking heavily -- a statistic the military hasn't managed to lower in 20 years -- but service officials are determined to change that.

"If you look at heavy use of alcohol, drinking a lot in a short span of time, we tend to have a higher prevalence than the civilian community," said Lt. Col. Wayne Talcott, an Air Force psychologist. Young military people between 18 and 25 also tend to do more heavy drinking than their civilian peers, he noted.

Speaking only in terms of medical care and lost time at work, alcohol abuse costs DoD more than $600 million each year, said Navy Capt. Robert Murphy, a medical corps officer. DoD spends another $132 million a year to care for babies with fetal alcohol syndrome -- sometimes-serious health problems related to their mothers' heavy drinking.

Talcott and Murphy co-chair the relatively new DoD Alcohol Abuse and Tobacco Use Reduction Committee. Their goal is to reduce the prevalence of heavy drinking within the military by 5 percent a year by changing DoD officials' focus on alcohol abuse from treatment to prevention.

"We have very good treatment programs, but they're very expensive and don't reach enough people," Murphy said. "We're focusing on prevention. We're certainly not opposed to alcohol use, but we are trying to reduce the prevalence of alcohol abuse."

"We're trying to prevent people from having to see a specialist," Talcott said. "If you want to decrease prevalence, you need to have policies and programs in place across the spectrum to discourage heavy drinking."

As some colleges do with their students, Talcott said, the committee wants to help service members understand the liabilities associated with heavy drinking. "We want to help them understand if you drink this much and you drive you're going to be under the influence, or at this level you're impaired," he said.

The committee also aims to better track alcohol-related adverse events, such as incidences of driving under the influence, suicides, crimes and domestic violence, Murphy said. He explained there's no centralized DoD tracking system, though the services collect data that can be collated into DoD-wide figures.

Recent civilian studies have turned up some frightening statistics, Murphy said. Thirty-one percent of all occupational injuries are alcohol-related, as are 23 percent of suicides and 32 percent of homicides.

Talcott said senior officials have likened DoD's new approach to preventive maintenance. "You maintain a jet engine so it doesn't fall out of the sky," he said. "We need to begin to look at where there are risks to the human weapon system and how we can build a system that protects our people."

This is very different from previous approaches, he said.

"You typically have program offices that largely are designed to treat people with alcohol problems," Talcott explained. "Rather than waiting for people to develop severe problems, we want to build into the system ways to get the right messages to help our people make better decisions about their drinking behavior.

"It's not the use, it's alcohol abuse that gets people into trouble," he said.

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Headline: Jacksonville graduates family practice residents
By Carol Honsinger, Naval Hospital Jacksonville

JACKSONVILLE, Fla. -- Naval Hospital Jacksonville will hold a graduation ceremony Friday, June 30 for 25 Navy physicians who have successfully completed residency training in the specialty of Family Practice.

The graduation ceremony will be held at the River View Officer's Club, Naval Air Station Jacksonville at 10 a.m. Vice Admiral Richard A. Nelson, MC, Navy Surgeon General will be guest speaker.

Twelve physicians will receive Residency Certificates from the American Academy of Family Physicians and the Bureau of Medicine and Surgery for completing the 36-month residency-training program. Thirteen physicians will receive Certificates of Internship in Family Practice from the Bureau of Medicine and Surgery for completing their first year of the program. They will be providing care to active duty personnel and their family members in remote locations such as Bahrain, Iceland and other locations throughout the Navy.

Naval Hospital Jacksonville has a long tradition in the training of primary care physicians. In 1963, the hospital was one of the first in the country to offer a General Practice Residency Training Program. The hospital offered a unique blend of individual teaching and direct patient care for those residents in general practice.

In 1969, with the emergence of the Family Practice movement, the General Practice Program was completely reorganized in philosophy and curriculum. Out of this reorganization came a Family Practice Residency Program which was one of the first approved in the country. During that time, the program had 24 Family Practice Residents and has since grown to 39 resident positions.

The three-year accredited program is the only residency at Naval Hospital Jacksonville. Educational experience includes rotations in Internal Medicine, Emergency Medicine, Pediatrics, OB/GYN, Surgery, Orthopedics, Dermatology, Urology, Family Medicine, Ophthalmology, ENT, Geriatrics, Cardiology, Medical Intensive Care, Neonatal Intensive Care, Psychiatry, Neurology, Community Medicine, Radiology, and a variety of sub-specialty electives. Successful completion of the residency is required for a physician to sit for American Board of Family Practice certification.

First year residents may be selected to continue straight through with residency or may receive orders to the fleet as

General Medical Officers. Some choose a course of instruction leading to Flight Surgeon or Undersea Medicine Designation. Following operational assignments of 2 or more years, many return to residency to complete the 2nd and 3rd years. The physicians expand their knowledge base and learn to care for more complicated medical conditions as they progress through training. Family Physicians are capable of managing the majority of most patients' medical problems from infancy through adulthood.

Completing the three-year Family Practice Training Program is a significant professional milestone for these physicians, but the real winners are the Navy and Marine Corps families who will receive their health care from a Naval Family Physician.

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Headline: Key West provides environmentally friendly care
By Lt. Cmdr. DeAnn Farr, MSC, Branch Medical Clinic Key West

KEY WEST, Fla. – Branch Medical Clinic Key West is showing how it can be environmentally friendly and still provide quality and timely imaging services to its customers.

When the medical team moved into its new facility a few months ago, new gear waiting for them included digital x-ray equipment. There was not only new equipment, but a hospital corpsman to operate it who was registered with the American Registry of Radiological Technologists, and who is also a member of the American Society of Radiologic Technologists.

Hospital Corpsman 2nd Class Mike Latimer has the latest training and credentials to provide both quality and timely service using the digital imaging devices.

"We not only don't use film and chemicals anymore," said Latimer, "but we also don't have to worry about whether a doctor is available here to interpret the x-rays. Our new system allows us to transmit the images to Naval Hospital Jacksonville to be evaluated by a doctor there, who then provides us with diagnosis information."

The combination of environmental concern and a well-trained operator is a win for Navy medicine being a good neighbor, and customers receive care from a well-trained staff.

Latimer attended an American Society of Radiologic Technologists (ASRT) Conference June 3-8 in Albuquerque, N.M. His attendance was to gain new information and to also participate by serving in the conference's House of Delegates.

"Participating as a delegate allowed me to bring back information about how the organization's decisions will affect our profession," said Latimer. "I also learned the latest techniques for using our digital imaging equipment, and I learned procedures for improving patient care within our department."

The 234-member House of Delegates is ASRT's governing body. Delegates, who are elected by the membership, meet annually to debate issues and set direction for the profession. ASRT members work in the fields of radiography, nuclear medicine, magnetic resonance, radiation therapy, medical dosimerty, mammography, sonography and other specialty areas.

"Having this digital imaging equipment means better service for our customers, and it also means less impact on the environment," said Latimer. "Key West is an extremely environmentally sensitive area so our branch medical clinic tries to help wherever we can."

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Headline: Consumer Reports rates TRICARE Senior Prime a top value

From TRICARE Management Activity

WASHINGTON -- TRICARE Senior Prime (TSP), the Department of Defense's (DoD) demonstration version of a Medicare health maintenance organization (HMO), has been rated by Consumer Reports at the top of its list in value in two cities where it is offered.

The June issue of the magazine rated the value of Medicare HMOs in 30 cities, including Seattle and Denver, where two of the DoD's six TSP demonstration sites are located. The rating was based on Health Care Financing Administration data on benefits, premiums, satisfaction data, and other criteria. Health Care Financing Administration is the agency that administers Medicare.

The Robert Wood Johnson Foundation and The Commonwealth Fund, philanthropic organizations interested in health care, funded the evaluations of the Medicare HMOs for Consumer Reports.

"In both cities, TRICARE Senior Prime was clearly the top plan for value--easily beating any competitor," said Dr. H. James T. Sears, executive director, TRICARE Management Activity, which is responsible for oversight of the TSP program. "This is further evidence of the high quality of the TRICARE Prime benefit that the DoD offers to all its eligible beneficiaries. In combination with Medicare in this special demonstration program, it is a superior health care benefit."

To participate in a Medicare HMO, beneficiaries must be enrolled in Part B of Medicare. Some of the rated Medicare HMOs charge annual premiums that range from $240 to $1,068, and many offer no prescription coverage. TRICARE Senior Prime enrollees pay no premium or enrollment fees, and it offers prescription coverage that Consumer Reports rated "excellent" in both cities. Only one other plan received an "excellent" prescription rating. A plan with an "excellent" rating has essentially unlimited benefits, covering more than 75 percent of average drug costs.

Consumer Reports used a "value index" that compared the value of significant benefits for each plan with the value of Medicare benefits plus the premium. A value index greater than 100 indicates you are getting a lot of value for your money, and one less than 100 means you are getting less. TRICARE Senior Prime received a rating of approximately 127 in both Seattle and Denver.

TRICARE Senior Prime is one of several demonstration programs designed by the DoD to provide expanded health care services to beneficiaries, age 65 and over, of the uniformed services.

It provides enrollees with all the benefits available under Medicare, plus the additional benefits of TRICARE Prime that are

available to eligible beneficiaries under age 65. With TSP, retirees, dependents and survivors age 65 and over have expanded access to health care; preventive care; the DoD's National Mail Order Pharmacy; a primary care manager; reduced out-of-pocket costs; care from a provider network; TRICARE's 24-hour Health Care Information Line, and 24-hour assistance from health care finders in arranging appointments.

To enroll in TSP, beneficiaries must live in the service area of a participating military treatment facility, and they must agree to obtain covered services only through TSP.

Fort Carson and the Air Force Academy hospitals in Colorado Springs, Colo., and Madigan Army Medical Center in Fort Lewis, Wash., serve TSP enrollees in the Denver and Seattle areas. The Colorado Springs catchment area extends into Denver. Other TSP demonstrations sites, which are located in areas not rated by Consumer Reports, include Keesler Air Force Base, Biloxi, Miss., Wilford Hall Air Force Medical Center and Brooke Army Medical Center in San Antonio, Texas (including satellite sites at Sheppard Air Force Base in Wichita Falls, Texas, and Fort Sill in Lawton, Okla.), Naval Medical Center San Diego in San Diego, Calif., and Dover Air Force Base Hospital in Dover, Del. For more information about TRICARE Senior Prime, visit the Military Health System/TRICARE Web site at http://www.tricare@osd.mil or contact the TRICARE contractor in a region with a demonstration site. Details about the Consumer Reports article can be found on the Internet at http://www.consumerreports.org/Special/Free/Reports/0006med65.htm

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Headline: Anthrax question and answer

From Bureau of Medicine and Surgery

Question: What is anthrax?

Answer: Anthrax is a rapidly progressing acute infection caused by spore-forming bacteria called Bacillus anthracis. Anthrax most commonly occurs in warm-blooded animals, especially goats, cattle, and sheep, but it can also infect humans. Anthrax spores can be easily produced in a dry form for biological weapons. Spores can survive many years in adverse conditions and still remain capable of causing disease. When inhaled by humans, these spores cause respiratory failure, leading to death within a week.

Anthrax can make an excellent weapon of mass destruction. The spores may be used as a weapon in a variety of delivery systems. They can be produced in large quantities without sophisticated equipment. All it takes is a single breath of aerosolized anthrax to inhale enough spores to cause the disease. Then, if serious symptoms occur, it kills 99 percent of unprotected people. Even if a person with symptoms receives antibiotics, the death rate is still about 80 percent. Anthrax spores are odorless, colorless and tasteless.

For more information visit the Navy medical anthrax website at http://www-nehc.med.navy.mil/prevmed/epi/anthrax or the DOD anthrax website at http://www.anthrax.osd.mil.

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Headline: TRICARE question and answer
From Bureau of Medicine and Surgery

Question: If I am already confident that I need to see a specialist, do I need to contact my PCM before I go? What will happen if I don't?

Answer: For those enrolled in TRICARE Prime, it is always necessary to first consult your Primary Care Manager for specialty care. If it is necessary for you to see a specialist, your PCM will help make an appointment for you. If you see a specialist on your own, without prior approval from your PCM you will be participating in Prime's Point-of-Service option and will be responsible for 50 percent of the cost after the deductible ($300 for single enrollment and $600 for family enrollment) is met.

For more information about TRICARE, visit its website at http://www.tricare.osd.mil or contact your health benefits adviser in your local TRICARE region.

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Headline: Healthwatch: Less smoking improves troops' health, cuts healthcare costs
By Staff Sgt. Kathleen T. Rhem, USA, American Forces Press Service

WASHINGTON -- Tobacco use in DoD has dropped significantly in the last two decades, generally mirroring civilian rates. But 30 percent of the active duty force still smokes.

"Since 1995 there hasn't been much change in that percentage," said Lt. Col. Wayne Talcott, an Air Force psychologist who is co-chairman of the DoD Alcohol Abuse and Tobacco Use Reduction Committee. "We'd like to see a continued downward trend."

He said DoD hopes to meet the U.S. Department of Health and Human Services' Healthy People 2010 goal of a 12 percent smoker rate. DoD spends $930 million per year on healthcare for smoking-related illnesses and lost productivity in DoD beneficiaries, Talcott said.

A recent study of just active duty Air Force members below age 36 shows that service spends $107 million a year to treat smokers and for lost time due to smoke breaks. The study assumed "a conservative estimate" of three 10-minute smoke breaks a day.

"If you look at that in man-hour equivalents, that's how much it would cost to employ 3,537 people for a year, about the number on an average-sized Air Force base," Talcott said.

All four services prohibit smoking throughout basic training, and Talcott believes that makes it an ideal time to quit for good.

"There are certain times people are more willing to make changes. For instance, women are more likely to quit smoking when they become pregnant," he said. "We believed basic training is another one of those times -- people have already said they'd wear different clothes, march in a line and do things they've never done before."

They are much more open to change. To test this theory, the

National Institutes of Health in Bethesda, Md., granted the University of Memphis $3 million in the mid-1990s to survey the smoking habits of all 35,000 Air Force recruits in a year.

All the trainees received a one-hour class on the benefits of not smoking. A year after basic, researchers polled 95 percent of the pre-training smokers and 65 percent of the pre-training nonsmokers. Findings were mixed. Officials learned that 17.7 percent of the smokers had quit for good. Unfortunately, Talcott said, 11 percent of the nonsmokers picked up the habit. "So we still have some work to do," he said.

Talcott also said the committee, which is less than a year old, plans to take steps through both policy and programs to attempt to decrease the number of smokers in the DoD. Tobacco use is the single most preventable cause of premature death in the United States, he said. "That makes it a worthy thing for us to study."

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Comments about and ideas for MEDNEWS are welcome. Story submissions are encouraged. Contact MEDNEWS editor, Earl W. Hicks, at email: mednews@us.med.navy.mil; Telephone 202/762-3223, (DSN) 762-3223, or fax 202/762-3224.

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